FILING DATE SERIAL NO. MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. IND.

TOTAL

TOTAL DEP.

TOTAL

TOTAL DEP.